

Thank you for taking the time to register your concerns with the California Commission on Teacher Credentialing.

Below is an affidavit form which must be signed under penalty of perjury. The forms may be duplicated and may be filled out or written by the witness or another person, but each must be verified by the witness by signing the certification at the end of the affidavit.

Pursuant to Education Code section 44242.5(b), the Commission has jurisdiction to commence an investigation upon receipt of an affidavit or declaration signed by one who has **personal** knowledge of the acts alleged to constitute misconduct. Upon receipt, the affidavit will be reviewed and a determination made as to whether or not its contents are sufficient to warrant further consideration and review by the Committee of Credentials.

Please review carefully the following suggestions when preparing your affidavit for filing with the Committee of Credentials:

- State specific acts or omissions observed which are relevant to the alleged misconduct. Each affidavit should include specific facts as to each incident, including, who, what, where, when, why and how.
- Do not state conclusions. Be specific. For example, state "I saw him/her drink an excessive amount of alcohol", "I smelled alcohol on his/her breath and he/she was walking unsteadily".
- The affidavit should identify the individual against whom you are complaining by full name, date of birth and social security number (if available to you).
- The affidavit must be based on **first hand knowledge**. This means that the person who actually saw or heard the alleged misconduct must sign the affidavit.
- Please be advised that the individual against whom the complaint is filed will receive a copy of the affidavit or witness form. Further, should the process result in an "appearance" before the Committee of Credentials, you may have the opportunity to appear and present testimony. Upon completion of the review, you will be advised of the Committee's final decision.

If you have any questions, do not hesitate to contact the Division of Professional Practices at (916) 445-0243.

CONFIDENTIAL COMPLAINT INFORMATION

Name of Complainant:

(Last) (First)

Address:

(Street)

(City) (State) (Zip)

Home Phone () Business Phone ()

Name of person who complaint is against:

(Last) (First) (MI)

Address:

(May be employment address)

(City) (State)

Employing School District

Name: _____

Position and Title: _____

AFFIDAVIT OF _____

I, _____ declare I have personal knowledge of the following facts which I believe constitute misconduct:

1.

2.

3.

4.

5.

I certify under penalty of perjury of the laws of California that I have read the foregoing statement of facts and know its contents, and that it is true and correct.

DATE: _____

SIGNATURE OF COMPLAINANT

Name of person who prepared this affidavit, if other than complainant:

Signature_____

IT IS ESSENTIAL THAT YOU RETURN THIS FORM TO:
California Commission on Teacher Credentialing
Division of Professional Practices
1900 Capitol Avenue
Sacramento, CA 95814